

UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/713,603	11/15/2000	2161	775		2	20	3

CONFIRMATION NO. 5258

UPDATED FILING RECEIPT



OC000000005968425

Shughart Thomson & Kilroy PC
 120 West 12th Street
 Kansas City, MO 64105

Date Mailed: 04/13/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Adam Coyle, Parker, CO;

Domestic Priority data as claimed by applicant**Foreign Applications****If Required, Foreign Filing License Granted 02/21/2001****Projected Publication Date: N/A****Non-Publication Request: No****Early Publication Request: No**~~SMALL ENTITY~~**Title**

Reloadable debit card system and method

Preliminary Class

705



361

Received
PTO/SB/21 (05-03)
JUN 23 2003
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
#74

Approved for use through 04/30/2003. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/713,603
		Filing Date	November 15, 2000
		First Named Inventor	Coyle, Adam
		Art Unit	3624
		Examiner Name	Akers, Geoffrey R
Total Number of Pages in This Submission		Attorney Docket Number	020375-021300US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Corrected Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	2. Copy of Updated Filing Receipt (showing correction to be made)
<input type="checkbox"/> Certified Copy of Priority Document(s)		3. Return Postcard
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		Remarks
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Patrick M. Boucher	
Signature		
Date	Reg. No. 44,037 June 20, 2003	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nina L. McNeill	
Signature		Date
	June 20, 2003	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

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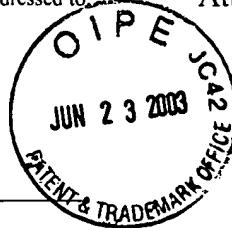
On June 20, 2003

TOWNSEND and TOWNSEND and CREW LLP


By: Nina L. McNeill

Nina L. McNeill

PATENT
Attorney Docket No.: 020375-021300US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Adam Coyle

Application No.: 09/713,603

Filed: November 15, 2000

For: RELOADABLE DEBIT CARD
SYSTEM AND METHOD

Examiner: Akers, Geoffrey R.

Art Unit: 3624

**REQUEST FOR CORRECTED FILING
RECEIPT**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is a copy of the official Filing Receipt received from the Patent and Trademark Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.

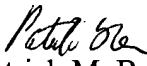
It has come to our attention that "Small Entity" status was designated this application.

Applicant should be shown as **Large Entity** status

Applicant also notes that the fee identified in the Filing Receipt as having been paid and corresponds to the large entity fee.

A corrected filing receipt is respectfully requested. Applicant believes no fee is required for submission of this request. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,


Patrick M. Boucher
Reg. No. 44,037

Customer No. 20350

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